Revision: HCFA-PM-91-8

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(MB)

ATTACHMENT 4.22-C Page 1 OMB No.:

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT			
State/Territory:	Ke	entucky	
Citation	Co	ondition or Requirement	
1906 of the Act State Method on Cost Effectiveness of Employer-Based Group Health Plans			
The State is using the Secretary's method in all aspects except geographically we are using statewide average instead of county by county averages.			
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TN No. 92-22 Supersedes Ap	2-11- proval Date	-93 Effective Date	2-1-93
TN No. None			